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ABSTRACT

Heightened concern about eating behavior has been expressed in recent surveys of high school and college students. There have been increased requests for treatment of eating disorders among college students and many colleges have developed programs that provide treatment for students afflicted with an eating disorder. The Eating Disorder Inventory (EDI) was administered to 347 male and 829 female college students to assess gender differences in psychological factors associated with attitudes toward eating and health. The EDI was selected for its ability to provide information about eight psychological factors that have been repeatedly associated with eating and health behaviors: (1) drive for thinness; (2) bulimia; (3) body dissatisfaction; (4) ineffectiveness; (5) perfectionism; (6) interpersonal distrust; (7) interoceptive awareness; and (8) maturity fears. The results revealed that females were more concerned about and dissatisfied with their weight, were more prone to bingeing, felt less in control of their lives, and were less sensitive to cues and emotions associated with hunger and eating than were males. These findings provide a data-based foundation for the development of broader student services on college campuses. (Author/NB)

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Gender Related Attitudes Towards Eating and Health Among College Students

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Presented to the Annual Meetings of the Southwestern Psychological Association in New Orleans, LA, April 1987.

ABSTRACT

The Eating Disorder Inventory (EDI) was administered to 347 male and 829 female college students to assess gender differences in psychological factors associated with attitudes towards eating and health. The EDI was selected for its ability to provide information about eight psychological factors that have been repeatedly associated with eating and health behaviors. Canonical Discriminant Analysis produced a significant canonical discriminant function (Canonical Correlation = .84, Canonical R2 = .71, $F(16, 1159) = 178.69$, $p<.0001$). Examination of the function revealed that females were more concerned about and dissatisfied with their weight, were more prone to bingeing, felt less in control of their life, and were less sensitive to internal associated with hunger than were males. Collectively, these results provide a data-based foundation for the development of broader student services on college campuses.

INTRODUCTION

Heightened concern about eating behavior has been expressed in recent surveys of high school (Johnson, Lewis, Love, Lewis, & Stuckey, 1984; Kagan & Squires, 1984) and college populations (Halmi, Falk, & Schwartz, 1981; Hawkins & Clement, 1980). This concern has also been associated with increased requests for treatment of eating disorders among college populations (Hornak, 1984). The purpose of this study was to examine gender-related differences in attitudes toward eating and health in a college population.

College women appear to be susceptible to attitudinal and behavioral disturbances towards health and eating because of a sociocultural emphasis on thinness as an index of physical attractiveness (Garner, Garfinkel, Schwartz, & Thompson, 1980), popularity (Berscheid, Dion, Walster, & Walster, 1971), and competence (Landy & Sigall, 1974). However, the coupling of thinness with socially desirable characteristics may generate unrealistic or harmful attitudes toward eating and health that transcend gender.

Many universities and colleges have developed programs that provide treatment for students afflicted with an eating disorder. Perhaps if preventive intervention programs were developed there would be less need for treatment services. The identification of attitudes that are unrealistic or excessive can provide the foundation for generating psychoeducational student services that can be tailored to meet the needs of a specific campus.

METHOD

Subjects. All of the subjects participating in this study were undergraduate students enrolled in a midwestern university living on-campus (dormitory and Greek housing). The sample consisted of 1176 students, 347 males and 829 females. Most of the subjects were freshmen and sophomores and came from middle-class family backgrounds.

Instrument. The Eating Disorder Inventory (EDI) was selected because of its dimensionalization of factors frequently associated with disturbed attitudes toward eating and health (Garner, Olmsted, & Polivy, 1983a,b). Since the purpose of this study was not to assess or diagnose bulimia or anorexia, the scoring of EDI data did not follow the recommended procedure. Instead, each item was scored using a 6-point Likert scale, with a score of 1 reflecting an always response and a score of 6 revealing a never response. The minimum-maximum score for each factor is in parentheses at the end of the factor description. The EDI yields information for the following factors:

Drive for Thinness - Reflects excessive concern with dieting, weight, and entrenchment in an extreme pursuit of thinness. (7-42)

Bulimia - Indicates a tendency to engage in binge eating followed by self-induced purging (vomiting). (7-42)

Body Dissatisfaction - Reveals dissatisfaction with specific parts of the body that change during puberty (pubertal fatness). (9-54)

Ineffectiveness - Assesses feelings of general inadequacy, insecurity, worthlessness, and not being in control of one's life. (10-60)

Perfectionism - Indicates excessive or unrealistic personal expectations for superior achievement and success. (6-36)

Interpersonal Distrust - Reflects a sense of personal isolation and a general reluctance to form close interpersonal relationships. (7-42)

Interoceptive Awareness - Assesses the individual's lack of confidence in recognizing and accurately identifying emotions and sensations of hunger. (10-60)

Maturity Fears - Reveals the individual's wish to retreat to the security of the prepubertal world because of the overwhelming demands of adulthood. (8-48)

Procedure. The administration of the EDI was accomplished by visiting individual dormitory floors and Greek halls during a scheduled meeting. Administrations of the EDI were conducted by graduate research assistants of the same sex as the respondents. All of the subjects were informed that the questionnaire was designed to assess attitudes towards health and eating practices and asked to respond to the items as honestly as possible. When finished, subjects placed the EDI into a plain envelope provided by the researchers and returned it to the research assistant. Return visits were made to all participating floors and halls to present and discuss the results.

RESULTS

Canonical Discriminant Analysis was selected because of the ability of this statistic to identify the combination of factors that maximize the difference between males and females. The canonical discriminant function was significant (Canonical Correlation = .84, Canonical R2 = .71, $F(16, 1159) = 178.69$, $p<.0001$), indicating that males and females do differ in their attitudes towards eating and health. The loading of each of the eight factors assessed by the EDI on the canonical discriminant function are presented in Table 1. In order to interpret these results, the means and standard deviations for each of the factors generated by the EDI are presented in Table 2.

The major gender difference in this college population is that females are significantly less satisfied with their bodies, have a higher drive for thinness, feel less in control of their lives, are less in touch with cues and emotions associated with hunger and eating, and are more susceptible to bingeing and purging than males. Comparison of mean scores for these factors to the range of possible values reveals that the greatest concerns among females are dissatisfaction with body, desire to be as thin as possible, and interoceptive awareness. These are the areas that psychoeducational programs should address in this particular college population.

CONCLUSION

This study provides an empirical assessment of attitudes towards health and eating behavior that can be used to develop psychoeducational programs for college populations. The results indicate that the need for such services among males is slight at the current time. However, females in this population appear to be excessively concerned with:

a. Drive for Thinness

b. Body Dissatisfaction

c. Bulimia (Bingeing)

d. Interoceptive Awareness

By tailoring psychoeducational programs to focus on these concerns, it may be possible to prevent unrealistic attitudes and expectations from developing into a more serious eating disorder.

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Table 1

Loadings of the EDI Factors on the Canonical Discriminant Function.

Factor	Loading
Drive for Thinness	-.51
Bulimia	-.28
Body Dissatisfaction	-.64
Ineffectiveness	-.22
Perfectionism	.12
Interpersonal Distrust	.02
Interoceptive Awareness	-.31
Maturity Fears	.03

Negative loadings on the canonical function indicate that the highest scores on these factors were by females.

Table 2

Means and Standard Deviations for the EDI Factors by Gender.

	Mean		Standard Deviation
Factor	Male	Female	Between Groups
Drive for Thinness	13.80	21.35	5.32
Bulimia	13.10	15.88	1.95
Body Dissatisfaction	18.27	25.29	4.96
Ineffectiveness	20.75	23.19	1.71
Perfectionism	21.77	20.53	.83
Interpersonal Distrust	16.46	16.31	.41
Interoceptive Awareness	21.89	25.77	2.72
Maturity Fears	19.67	19.40	.64